



CHANGE OF ADDRESS

ATTN: Accounting
8 Main Street, PO Box 490
Black River Falls, WI 54615
Telephone: 715-284-5341 FAX: 715-284-3148

Print Form

PLEASE COMPLETE A SEPERATE FORM FOR EACH CUSTOMER WITH ACCOUNT RELATIONSHIPS

NAME: [First] [Full Middle] [Last Name] Date: []

SSN: [] DOB: [] CIF#: []

NOTE: Any changes to Social Security Number require a signed W9 Form.

E-mail address: []

Home Phone: [] Cell Phone: []

Mailing Address/City/State/Zip: [] Physical Address/City/State/Zip: (if different) []

County of Residence: [] Former Address/City/State/Zip: []

Do changes affect minor children? List all names of those affected: []

Is customer receiving statements for an organization? List all names affected: []

NOTE: If any change of address information is provided and the customer has not signed the form you MUST send a COA form to the customer to complete.

PLEASE COMPLETE IF THIS IS A SEASONAL ADDRESS CHANGE: Seasonal Start Date: [] Seasonal End Date: []

Employer Name: [] Employer Phone: []

Occupation: []

IS THE SCANNED ID CURRENT? YES - Make sure ID on file is correct AND current. NO - Scan ID and update with the current identification below. ID Type: ST DL Tribal ID Other Photo ID: [] (Description example: Student ID) Not being scanned - REASON: [] (example: scanner not working)

ID QUESTIONS: What is the make of your first car? [] What is the last name of your favorite teacher? [] If you like, please provide your own question and answer to be used for security purposes. The question should be short and simple and the answer easy to remember, but hard to guess.

IMPORTANT NOTICE: Please be aware that no changes to the ADDRESS will be made to our bank records until this form is signed and returned to us. Thank You!

Customer Signature: [] Employee Initials: []

THIS SECTION MUST BE COMPLETED BY EMPLOYEE: Is there a Red Flag Alert (RFA)? [] YES [] NO. Did you verify signature? [] YES [] NO Initials: [] If NO, proceed with request. If YES, RFA's listed below require officer approval. [] Compromised Account [] Statements/Notices not Received [] Elder Abuse [] ID Theft/Fraud/Credit Report/Active Duty Officer: [] Date: []

Accounting Actions: [] Signature Verified [] Nettleter Option 1 [] Remove "Get Correct Address message" Alert [] "Updated MMDDYY" (CFM 26) [] Alert message changed to "COA completed. Verified signature". Accounting Initials: [] Date: [] (Expires 31 days from date received) AUDIT: []